

SANTA CRUZ COUNTY BUILDING DEPARTMENT

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BUILDING/GRADING PERMIT APPLICATION

SITE INFORMATION:			
PARCEL NO	LOT #BLOC	KSUBDIVISION	
CITY/TOWN			
PROJECT SITE ADDRESS (IF KNOW	WN)		
RIGHT OF WAY PERMITS	N/A		
SEWER SEPTIC OR A	ALTERNATIVE ADEQ		
WATER LETTER YES	_ NON/A	_	
DESCRIPTION OF THE PROJECT_			
BUILDING SQFT. (LIVING SPACE):	POOL SQ. FT	OTHER SQ. FT	
GARAGE SQ. FT: OR CARE	PORT SQ. FT.	PORCHES SQ. FT:	
PROJECT VALUATION \$			
OWNER INFORMATION: (All fields require	ed*)		
*NAME	*ADDRESS		
*CITY	STATE*ZIP CODE_	PHONE #	
E-MAIL ADDRESS			
CONTRACTOR INFORMATION:		<u>ROC #</u>	
ELECTRICAL NAME:PLUMBING NAME:		PHONE # PHONE # PHONE# PHONE #	
DESIGNER: PLANS BY OWNER: PLANS BY BUILDER:			
PLANS BY ARCHITECT/ENGINEER	R:	PHONE#	
SIGNATURE OF APPLICANT DATE			
PERMIT#	_ PLCK/ZONING	PERMIT FEES	

http://www.co.santa-cruz.az.us/440/Building-Department